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Date	Client/Matter Number
June 2, 2004	213202.00358
From	Attorney Number
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Total number of pages, including cover letter: 49
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Comments

Re: U.S. Patent Appln. No. 10/042,258
Our New Ref.: 213202.00358

Attached herewith please find an Amendment Transmittal, an Amendment, a Corrected Declaration for Utility or Design Patent Application, a Second Information Disclosure Statement, a PTO Form 1449, and (3) References for the above-referenced application.

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In re Application of:

Docket No.: 213202.00358

JAMES SAMSONDAR

Examiner: Maureen Wallenhorst

Application No.: 10/042,258

Group Art Unit: 1743

Filed: January 1, 2002

Confirmation No.: 6989

For: SAMPLE TAB

Date: June 2, 2004

MAIL STOP FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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Shiladcan P. JohnsonSignature Shiladcan P. Johnson

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29	MINUS	26	=	3	x \$9 \$18	\$ 27.00
INDEP. CLAIMS	2	MINUS	5	=	0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145/\$290							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--							\$ 27.00


☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

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- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Charge the amount of \$ 27.00 to Deposit Account No. 50-1710 to cover the additional claims fee. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge the amount of \$_____ to Deposit Account No. 50-1710 to cover the Extension fee for response within _____ months. A duplicate copy of this sheet is enclosed.
- ☒ Charge the amount of \$ 180.00 to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this sheet is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3500. All correspondence should continue to be directed to our below-listed address.


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